Fill in this i	nformation to identify	your case:					
Debtor 1	SOLOMON		MILLER		Check if this	io:	
Debtor 2	First Name	Middle Name	Last Name		_		
(Spouse, if filing)) First Name	Middle Name	Lest Name		An ameno	•	postpetition chapter 13
United States	Bankruptcy Court for the: [Eastern District of Pennsylva	ania			as of the follo	•
Case number (If known)	20-10692 AMC				MM / DD /	YYYY	
Official	Form 106J						
Sched	dule J: You	ur Expenses	5				12/15
information. (if known). A	If more space is neede nswer every question.		-				
Part 1:	Describe Your Hou		ANN ANN DESCRIPTION OF A STREET WAS A STREET	Andrew Control of the	UNICA (NICE SALIS CONTROL ENGINEERO AND ARMEDIA (CONTROL SALIS AND ARMEDIA		
1. Is this a jo							
	o to line 2. Des Debtor 2 live in a s	eparate household?					
	No Yes. Debtor 2 must file	e Official Form 106J-2, <i>Expe</i>	enses for S	eparate Housei	hold of Debtor 2.		
	ve dependents?	□ No		11 Marie 18 A Marie 18 Marie 1			
Do not list I Debtor 2.	Debtor 1 and	Yes. Fill out this inform		Dependent's relationship to Debtor 1 or Debtor 2		Dependent age	t's Does dependent live with you?
	tate the dependents'	each dependent	STEP DAUGHTER		17	☐ No ☑ Yes	
				STEP SON	<u> </u>	_15	☐ No ☑ Yes
							b ⊻ lYes ☐ No
							☐ Yes
							☐ No
				 	, , , , , , , , , , , , , , , , , , , ,		☐ Yes
							☐ No ☐ Yes
expenses	penses include of people other than nd your dependents?	☑ No ☐ Yes					
Part 2:	stimate Your Ongoi	ng Monthly Expenses					
Estimate you	r expenses as of your	bankruptcy filing date un	less you a	re using this f	orm as a suppleme	nt in a Chapter	· 13 case to report
	of a date after the ban	kruptcy is filed. If this is a					
•	•	-cash government assista it on Schedule I: Your Ind	-			Your	expenses
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.					payments and	4.	
If not incl	uded in line 4:						
4a. Real	estate taxes					4a. \$	0.00
4b. Prop	erty, homeowner's, or re	enter's insurance				4b. \$	0.00
4c. Hom	e maintenance, repair, a	and upkeep expenses				4c. \$	100.00
4d. Hom	eowner's association or	condominium dues				4d. \$	0.00

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Debtor 1

SOLOMON

Middle Name

First Name

MILLER

Case number (if known) 20-10692 AMC

Your expenses 0.00 5. Additional mortgage payments for your residence, such as home equity loans 5 6. Utilities: 2,700.00 Electricity, heat, natural gas 6a 6a. 600.00 Water, sewer, garbage collection 6b 0.00 Telephone, cell phone, Internet, satellite, and cable services 60 0.00 6d. Other. Specify: 400.00 Food and housekeeping supplies 7. 0.00 Childcare and children's education costs 8. 85.00 Clothing, laundry, and dry cleaning 9. 95.00 Personal care products and services 10. 10. 100.00 Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. 150.00 Do not include car payments. 12 100.00 Entertainment, clubs, recreation, newspapers, magazines, and books 13. 13. 20.00 Charitable contributions and religious donations 14 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 0.00 15a. Life insurance 15a 0.00 15b 15b. Health insurance 171.00 15c. 15c. Vehicle insurance 0.00 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 0.00 16 17. Installment or lease payments: 0.00 17a. Car payments for Vehicle 1 17a. 0.00 17b. Car payments for Vehicle 2 17b 0.00 17c. Other. Specify: 0.00 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 0.00 19. Other payments you make to support others who do not live with you. 0.00 Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 0.00 20a. Mortgages on other property 20a 0.00 20b. 20b. Real estate taxes 0.00 20c. Property, homeowner's, or renter's insurance 20c. 0.00 20d. Maintenance, repair, and upkeep expenses 204 0.00 20e. 20e. Homeowner's association or condominium dues

Debtor		MILLER	Case number (if known)_20)-10692 AMC	
21. Ot	First Name Middle Name Last Name ner. Specify:		21.	+\$	0.00
22. Ca	culate your monthly expenses.	,		,	where the state of
	a. Add lines 4 through 21.		22a.	\$	4,521.00
22	o. Copy line 22 (monthly expenses for Debtor 2), i	if any, from Official Form 106J-2	22b.	\$	0.00
22	c. Add line 22a and 22b. The result is your monthl	ly expenses.	22c.	\$	4,251.00
oo Cal	culate your monthly net income.				
23a.		from Schedule I.	23a.	\$	3,356.00
23b.	Copy your monthly expenses from line 22c abo	ove.	23b.	- \$	5,381
23c.	Subtract your monthly expenses from your monthly net income.	nthly income.	23c.	\$	-1,165.00
24. Do	you expect an increase or decrease in your ex	openses within the year after yo	ou file this form?		
	example, do you expect to finish paying for your tragge payment to increase or decrease because				
Ø	No.				
	Yes. Explain here:				

Fill in th	is information to identify	your case:		45.3			
Debtor 1	SOLOMON		ILLER	Ch	eck if this is:		
Debtor 2	First Name	Middle Name Last	t Name		· · · · · · ·	:	
(Spouse, if	filling) First Name		t Name		An amended fil A supplement s	-	petition chapter 13
United St	ates Bankruptcy Court for the: E	Eastern District of Pennsylvania	а	1	expenses as of		•
Case nun (If known)	20-10692 AMC				MM / DD / YYYY		
Officia	al Form 106J-2						
Sch	edule J-2: E	xpenses for S	epai	ate House	hold of D	ebtor 2	2 12/15
Debtor 2 in only with needed, a question. Part 1:	have one or more depend respect to expenses for E attach another sheet to thi	parate households?	endents I on Sch	on both Schedule J a edule J. Be as compl	nd this form. A	nswer the que as possible.	estions on this form If more space is
	Yes		**********************		**************************************		
Do not l	have dependents?	□ No□ Yes. Fill out this information for		1		Dependent's age	Does dependent live with you?
regardle	ependents of Debtor 2 ess of whether listed as a ent of Debtor 1 on le J.	each dependent	***************************************				☐ No ☐ Yes
Do not	state the dependents'				<u>-</u>		□ No □ Yes
names.							☐ Yes
							Yes
							□ No
							☐ Yes
							☐ No ☐ Yes
expens	r expenses include es of people other than If, your dependents, and 1?	☐ No ☐ Yes					
Part 2:	Estimate Your Ongoin	ng Monthly Expenses					
Estimate	your expenses as of your	bankruptcy filing date unles	s you a	e using this form as a	supplement in a	Chapter 13 c	ase to report
expenses	as of a date after the ban	kruptcy is filed.					
Include ex	cpenses paid for with non-	-cash government assistanc	e if you	know the value of			
		it on Schedule I: Your Incom	-	•	•	Your expe	1505
 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 					s and 4.	\$	
	included in line 4:						
4a. Real estate taxes				4a.			
4b. Property, homeowner's, or renter's insurance				4b.			
4c. Home maintenance, repair, and upkeep expenses				4c.	\$		
4d. Homeowner's association or condominium dues					4d.	\$	

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Debtor 1

SOLOMON

Middle Name

First Name

MILLER

Case number (if known) 20-10692 AMC

Your expenses 5. Additional mortgage payments for your residence, such as home equity loans **Utilities:** Electricity, heat, natural gas 6a Water, sewer, garbage collection 6b. Telephone, cell phone, Internet, satellite, and cable services 60 Other. Specify: 6d 7. Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9 Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:_ 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. 20b. Real estate taxes 20b. 20c. Property, homeowner's, or renter's insurance 20c. 20d. Maintenance, repair, and upkeep expenses 20d. 20e. Homeowner's association or condominium dues 20e.

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+\$
\$